

Date In: <b>04/04/2018 14:25</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/AG/8006187/Y</b>	QAS e-illing		
Veh No: <b>SL45693L</b>	E-mail (with photo, photos)		
D.O.A: <b>03/04/2018 20:00</b>	Motor Claim Form		
OD / TR / Reporting Only	Motor WFO (with photo, photos)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Box/Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / QW): Toll: Fax:

TP Particulars: **Yell No: SEA 4726C**, INC ( ) / Non-INC ( )

Owner / Driver: ( ) Toll: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: BIL Status (WO): NI 0.20%, PI 21.79%, P: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-in Customer | Customer's information strictly Confidential & strictly NO refer of repairer.

( ) Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks	Report No. (EBA/GO/6)	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Survey Photo (Repair Cost > \$3000) ( )			

Injury: \_\_\_\_\_

Other Tolls: \_\_\_\_\_

Item	Invoice / Deduction / Credit	Value	Remarks
Customer's Reported Loss	1) AR: Accident Reporting (\$200)	0	
Driver/Owner	2) DA: Damage Assessment (\$100)	INC (\$50)	
Excess No:	3) TP: Towing Fee	150/112	
Assigned Person:	4) FT: Follow-Through Survey	310	
	5) FT: Follow-Through Survey (Resurvey)	120	
	6) TR: Re-inspection	100	
	7) NTUC: DA + SMRT Survey	150	
	8) NTUC Additional Services	0	
Checked by (Bug-In-Charge):	9) NI: Courtesy Car / Tpl Allowance	11	
	10) NI: Repair Coordination	110	
	11) NI: Post Repair Inspection	110	
	12) NI: DY / Collateral Vehicle Coordination	11	
	13) NI: TP (Non-INC) Repair INC	110	
	14) NI: Tolls / Tolls	10	
	Invoice Total		Net Charged
	Insurance Total		Net Charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	04/04/2018 14:25
Date Of Accident	03/04/2018 20:00
Exact Location Of Accident	ALONG JURONG EAST AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5693L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	DAWNSOHLK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83131312
Alternative Phone No	OFFICE-67023360

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994943/100855725-00024
Cover Note Number	

### Driver

Name of Driver	SOH KIM LENG@CHAN SHIOK PANG
NRIC No	S0928797C
Date Of Birth	20/05/1949
Occupation	INDOOR
Date Of Driving Pass	07/11/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83131312
Fax Number	
Contact Number	OFFICE-67023360
E Mail Address	DAWNSOHLK@YAHOO.COM.SG

Address	BLK 401 JURONG WEST STREET 42 #11-529
Postcode	640401
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

**General Information of the Accident**

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

**Details of Police Action**

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKA4726C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SLL 5693L

Veh B: SKA 4726 C

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

DANDELION ED PTE LTD  
ROC: 201314301M

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

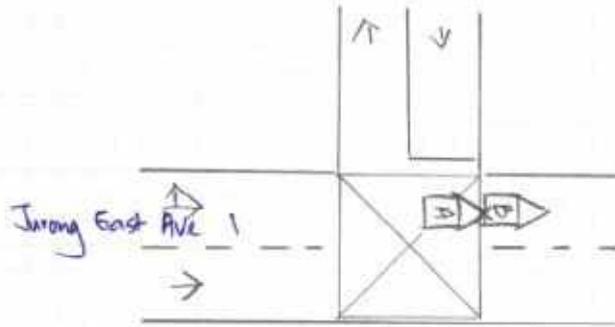
*[Handwritten Signature]*  
04/04/18  
12.30pm

*[Handwritten Signature]*  
04/04/2018  
*[Handwritten Name]*  
*[Handwritten NRIC/FIN No.]*

SKETCH PLAN

Veh A: SLL 5693 L

Veh B: SKA 4726 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jurong East Ave 1 and the front car suddenly jam broke, and I jam brake too but still hit the car in front.

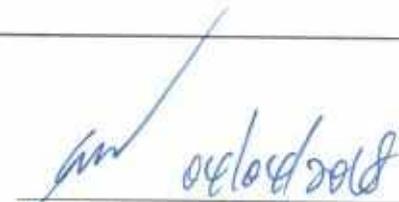
DECLARATION

I/We declare the foregoing particulars are true in every respect.

DANDELION ED PTE LTD  
ROC 91314301M

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/04/18  
12:30pm

  
Reporting Centre Personnel's Signature  
Name: Rashed W...  
NRIC/FIN No.:

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 3 April 2018 / 1 \*Time of Accident: 20:02 /  
\*Accident Location: Jurong East Avenue 1

### Vehicle Details

\*Vehicle Number: SLU 5693 L \*Make & Model: Honda Vezel 1.5 X

### Insured / Policyholder

\*Owner Name: Dandelion Pte Ltd \*NRIC: 201314301M  
\*Address: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*HP: 8313 1312  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel / H / Other: off: 6902 3360

### Driver ( ) same as above

\*Driver Name: Soh Kim Leui \*NRIC: 50928797C  
\*Address: Blk 401 Jurong West St 42 #11-529 S(640401)  
\*Date of Birth: 20/05/1949 \*Driving Pass Date: \_\_\_\_\_ \*HP: 96550964  
\*Email: dawnsoh1k@yahoo.com.sg \*Gender: Male / Female  
\*Occupation: Shop Owner (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

No  
\* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)  
\* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: \_\_\_\_\_ \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SKA 4726 C (SKA 4726 C)  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Bear / Side swipe / others: \_\_\_\_\_  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)  
\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / No \*No. of passengers (include driver): 1  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No





HOTLINE TEL: (65) 6418-3000  
FAX: (65) 6413-3721

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1998 (MALAYSIA)

M.2.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$2,000.00	(I & II)
CERTIFICATE NO. 999994943/100855725-00024	WINDSCREEN EXCES	S\$100.00	
	<small>(for policies with effect from 1st November 2007)</small>		
	SUM INSURED	S\$1.00	**
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	SLL5693L		
2) NAME OF INSURED	Dandelion ED Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	28 Feb 2018		
4) DATE OF EXPIRY OF INSURANCE	13 Sep 2018		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *			

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE \*

Use for the carriage of passengers or goods in connection with the Insured's business.  
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.  
The Policy does not cover

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED  
\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY SINO CREDIT PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.



I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 19 Mar 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

000084-000  
DIRECT CLIENTS 01 4.95  
AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

55CDSK